

## Notice of Appeal

Please complete this form in order to appeal to the Civil Service Commission any decision by the Executive Director **or** any disciplinary action assessed by an appointing authority. This appeal must be filed within ten (10) days of the notification of action you are appealing.

Name: \_\_\_\_\_ Last 4 digits of  
Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

☐ I am appealing a decision of the Executive Director regarding failure during the testing process, a rejection, disapproval of an application or other action. **NOTE: You will be notified in writing whether the Commission will accept jurisdiction over your appeal and whether a hearing will be scheduled.**

Examination Title and Classification Code: \_\_\_\_\_

Reason for Appeal and/or Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

☐ I am appealing a disciplinary action (i.e., discharge, suspension, demotion (in rank or pay), or involuntary resignation).

Civil Service Classification and Classification Code: \_\_\_\_\_

Department: \_\_\_\_\_

Nature of Action Being Appealed: \_\_\_\_\_

Date of Order or Action Being Appealed: \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Civil Service Commission Appeal Number Assigned: \_\_\_\_\_